



Written Testimony of
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Public Health Committee

House Bill 5307 - An Act Concerning the Filling of Prescriptions for Antiepileptic Drugs

Good morning Senator Harris, Representative Ritter and the distinguished members of the Public Health Committee. Thank you for giving me the opportunity to testify in support of House Bill 5307. My name is Linda Wallace and I am the Executive Director of the Epilepsy Foundation of Connecticut. I am also the mother of a young adult who has had epilepsy for 24-years. I want to thank the members of this committee for your overwhelming support of this legislation over the past three years. And with your continued support I know we can provide the 60,000 people in Connecticut with epilepsy the protection they so desperately need.

Out of respect for the time this committee has given this issue over the prior three legislative sessions we will not have individuals provide their personal testimonials. Those testimonials will be submitted to the committee for your review. Likewise, we will not take up your time hearing from neurologists and other epilepsy experts, but would be happy to arrange for a meeting or conference call to answer any of your technical questions regarding the "science" of this issue. As you know the Epilepsy Foundation is not alone in our concerns and requests for these patient protections. This legislation is supported by the Connecticut State Medical Society, the Connecticut Neurology Association, the American Academy of Neurology, the American Epilepsy Society, the International League Against Epilepsy, the National Black Caucus and the National Hispanic Caucus of State Legislators.

Now, more than ever, an increasing number of people with epilepsy report to the Epilepsy Foundation that they have experienced breakthrough seizures – meaning unexpected seizures – after long periods of seizure control, when a formulation of their customary medication is changed. Recently our national office announced a new report of survey data obtained from more than 1,000 consumers who report an increased risk of seizures and side effects when they have switched from one manufacturer's formulation of an antiepileptic drug to another. The Foundation's just-released survey tells the stories that too many individuals have experienced breakthrough seizures and severe, unexpected side effects. The survey is further substantiated by recent research that contains clinical confirmation, case studies and statistical analysis – all documenting the need for this legislation. I have included citations and links to these studies with my written testimony.

For the more than 60,000 people in Connecticut with epilepsy, there is still no cure – not yet! For the majority of these people, medication is the most common and most cost effective treatment for controlling and/or reducing seizures. And until there is a cure, we need to assure them and their loved ones that they will have access to their recommended treatments as decided upon by them and their medical care providers. This legislation simply requires pharmacists to receive the consent of a patient and their physician before switching from one manufacturer of a particular medication to another.

There are two distinguishing features of epilepsy that warrant this approach. First, seizure control is an all or nothing proposition. Slight changes in the amount of medication received by a person with epilepsy can mean the difference between a fully controlled condition and breakthrough seizures. A person with epilepsy exist in one of two states: they are either seizure free or they are not.

Second, the consequences of a breakdown in a well-maintained seizure control medication regimen can be catastrophic. The consequences of a breakthrough seizure can be extreme: seizures increase the likelihood of serious bodily injury and death, and, even when no physical injury occurs, seizures often result in significant social, legal and developmental consequences, including loss of a person's drivers license, loss of employment and loss of self-esteem. Consider if a breakthrough seizure were to occur while engaged in the various activities of daily living, such as driving, it becomes apparent that it is a matter of both individual and public safety. And finally, the consequences of a breakthrough seizure can be costly with significant expenses: ambulance, emergency room and doctor visits that far outweigh the monthly expense of keeping that individual on their prescribed medication.

Thank you for introducing this legislation, providing me this time to testify and your thoughtful consideration of this most important issue to people with epilepsy.